

Report 1983
for the year ending March 31

National Society to Prevent Blindness



Celebrating
75 years of
saving sight



Save the sunsets . . .

When people lose their vision, they lose the ability to experience many of life's most beautiful things. To dramatize this loss and generate public awareness that half of all blindness can be prevented, the Society introduces a new theme to reinforce its sightsaving messages. In celebration of its 75th anniversary, a distinctive advertising campaign has been created for NSPB by Lord, Geller, Federico, Einstein, Inc. as a public service client. It includes newspaper and magazine ads, billboards, television and radio announcements.

Report of the President

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You have shared with me a busy two years during my term as President. For me, they have been personally rewarding and I treasure the new friendships, the insights, and increased awareness I have gained into the dedication, enthusiasm, and contribution of each volunteer who serves to prevent blindness. Our programs of education, community service, and research quietly, but effectively, continue to eliminate the scourge of blindness.

Earlier I asked the assistance of Lydia Maguire in preparing this report. She said it would be of interest to describe my reasons for volunteering for the Society. My response was that I had not volunteered but that I had been drafted. This, however, is not accurate. More than 25 years ago I was asked to serve on the Committee on Basic and Clinical Research. I could not have been more honored. The Committee consisted of the luminaries in ophthalmology. The opportunity to serve was a high compliment and I certainly volunteered. As is true of many of you, the minor appointment was only the beginning: Chairman of the Committee; Board member, Executive Committee member, Vice-President, many committee appointments, and then President.

My service throughout the years has been broadly recognized and I have been rewarded far beyond my contribution. I would like to pay tribute to the thousands of unsung volunteers who work year after year preventing blindness. Their sole reward must be the knowledge that thousands have

sight who would have been blind without their efforts. Let no one think that our task is finished or that it would continue without us. Glaucoma, sore eyes of the newborn, blinding accidents, and defective vision from disuse all would continue without the programs that keep them in check and we would see a tragic increase in blindness.

As we become involved in the business and management affairs of the Society, it is easy to forget that our commitment is to prevent blindness and that all our activities must be directed to that end. Early this summer I attended the Pan American Congress of Ophthalmology in Lima, Peru, and participated in a symposium on blindness prevention. The discussions were particularly interesting. Blindness was divided into avoidable blindness and that which we as yet cannot prevent, such as blindness caused by hereditary defects and malignant tu-

Glaucoma, sore eyes of the newborn, blinding accidents and defective vision from disuse all would continue without the programs that keep them in check...

mors. Since this was an international meeting, discussion centered around the major causes of blindness throughout the world: onchocerciasis or "river blindness" caused by a fresh water parasite; trachoma or granulated eyelids resulting from a bacterium that multiplies in hot, dry climates; vitamin A deficiency that causes scarring and shrinkage of the eyes;



and cataracts affecting thousands who need them removed to restore their vision.

We considered the various groups who are active in blindness work. The Society is active in preventing avoidable blindness in the United States. We do this through 43 different programs designed to rouse public commitment to preventive eye care; to reach many individuals directly through screening projects and self-testing kits; and to involve health care providers, educators, employers, and other allies as our partners to prevent blindness. Many groups and individuals are concerned with correcting, treating, or ameliorating existing blindness or visual disability. These range from ophthalmic surgeons to related health care professionals, eye banks, hospitals, medical schools, professional societies, and suppliers. Another large group is concerned with

continued

the provision of rehabilitation, education, and social services for those with blindness that cannot be cured. It is helpful, I believe, to focus on these distinctions and on what the Society does and what it does not do. Of course, removing a cataract or performing a corneal transplant prevents or corrects blindness — I have devoted the past 43 years of my medical life to such activities. It is not the function of our Society, however, to provide these services.

It would be time-consuming to summarize the 43 different programs of the Society. In glaucoma we are concerned with programs of detection and control. We provide programs for physicians, nurses, allied health personnel, and the public. Glaucoma screening is important not only from the standpoint of screening but from the standpoint of educating the public. Thanks mainly to the Society's programs, the disease is well recognized by the public, and it is a brash eye specialist who would neglect glaucoma testing in any patient.

This year the nation's work force suffered some 102,000 disabling eye injuries.

In the past 15 years effective treatment for diabetic retinopathy has emerged and we provide information concerning its detection and control. Modern cataract surgery is so effective that no one should be blind from operable cataracts and we strive to spread this message. Various programs ranging from home eye tests to TV eye

The basic and clinical science program of the Society provides a unique stimulus for eye research.

tests direct the attention of the public to their eyes and to the wisdom of seeking professional examination.

Since defective vision of one eye from disuse can be detected and corrected before a child enters school, visual testing of preschool children is especially important.

The Society's programs directed against eye injuries on the playground, in the workplace, and in school laboratories involve effort in all age groups. This year the nation's work force suffered some 102,000 disabling eye injuries. To help reduce this toll, the Society has published *A Guide for Controlling Eye Injuries in Industry*, a manual that illustrates and describes the type of eye protection suitable for the gamut of industrial operations. This Guide has received widespread acceptance and is now in its second printing.

In a related effort, the Society convened a Task Force to revamp and strengthen our internationally recognized Wise Owl eye safety incentive program, which now numbers more than 74,000 who have had one or both eyes saved from serious damage because of eye protection.

As I relate these activities you should know that the Society's New York headquarters is the source for statistics concerning the number of blind individuals and the causes of blindness. Important as this topic is to us and to

the nation, there is no national commitment to such studies and the country relies on the ingenuity and expertise of Mrs. Betty Hatfield to maintain this awareness. I suspect, as many of my professional colleagues feel, that there are many instances of undetected blindness, particularly among the elderly, about which we are unaware.

The basic and clinical science program of the Society provides a unique stimulus for eye research. The program is dedicated to pilot projects for promising researchers. The projects often do not yield immediate results but they do provide training in research for highly skilled investigators. Throughout the years the Society has launched many successful researchers and rewards have been great.

As I conclude my final year in office I am reminded of the enormous debt accumulated through nearly thirty years' work with the Society. I have received a rich education from many present and past directors, volunteers, and staff members. They have generously shared their time and expertise and have never been too busy to serve. The experience has made me appreciate beyond words the nobility of each of you.

Frank W. Newell, M.D.

When I came to the Society last November, I was well aware of this organization's distinguished history. Seventy-five years of service to the public, of safeguarding the sight of Americans, represents an enviable record of achievement.

My own experience in working with committed volunteers and staff has been an inspiring introduction to the Society's vitality and dynamism. Our prestigious past is a firm foundation for our future efforts in preventing blindness. But a national voluntary health organization, no matter how successful, cannot afford to stand still. We have taken steps to ensure that the Society remains preeminent in its field.

Our first concern was for our programs. In 1982, we charted a three-year course of organization-wide action, setting measurable performance goals in Children's Eye Health, Adult Eye Health, and Eye Safety. Now, at the midpoint, this plan is ahead of schedule on two-thirds of its objectives. Indeed, a third of our "targets for tomorrow" have already been accomplished. With our Budget/Finance Committee's vote to double the money available for research, it became possible to fund many more important eye disease studies as detailed elsewhere in this report.

Our second concern was to strengthen the Society organizationally—to reinforce the relationship between National and its affiliates, giving our state societies increased visibility and support. As the year covered by this report ended, our North Carolina Affiliate hosted the first of our four regional workshops held for volunteer and staff leaders. In the following spring months, National staff and outside experts conducted similar workshops in Columbus, San Francisco and Oklahoma City. These "Tell It and Sell It" workshops were designed to stretch our horizons and refine our expertise in program planning, pub-

lic relations, and fund raising. Affiliate participants, evaluating the effectiveness of these workshops, gave them a score of 4.25 out of a possible 5. We will continue this training method in the coming year with workshops built around the theme of organizational development.

In February, an Ad Hoc Task Force of volunteers and staff convened to complete plans for the Society's 75th Anniversary. It was agreed that the observance should be one in which our affiliates and National could participate within a coordinated framework. To ensure that plans were within our affiliates' ability to implement them, an orientation workshop brought together some 56 executive directors and volunteer leaders from the field.

Thanks to two members of the NSPB Board, a major New York advertising agency, Lord, Geller, Federico, Einstein, Inc., was enlisted to create a coordinated and comprehensive advertising campaign to be used to launch our celebration. Public service print ads, television and radio spots and billboard displays will give our organization greater visibility with the American people and provide us with a new and consistent media image. Our volunteer leadership and our affiliates have re-

Our 75-year-old cause is now also the nation's...

sponded enthusiastically to this new campaign which will reach the public this fall.

Increasing our effectiveness in fund raising is of special importance at a time when we need to expand existing programs and develop new ones. Because direct mail represents the major source of gift support, an independent study was made indicating several ways in which our organization might in-



crease returns and decrease costs. Recommendations are being implemented and results to date have been encouraging.

The Society's program, long "a cause ahead of its time," is now a cause especially right for these times—the age of prevention. Our 75-year-old concern is now also the nation's; Americans generally are conscious now as never before of the need to prevent illness and accidents. Thus the Society has before it an unusual opportunity to advance its cause through greater public receptiveness and response to its programs. Exciting years for the Society lie ahead. I look forward to being a part of them.

My first report as Executive Director would not be complete without expressing deep appreciation to our President, Frank W. Newell, M.D., for his guidance and insights. I also want to thank the Executive Committee, the Society staff, and the staff and volunteers of our affiliates for their warm welcome and support. Together we can meet any challenges the future holds.

Lisa Semple

"...a nationwide eye test that people can take in the laziness of their own homes, simply by turning on the TV."

That's the way a writer for *TV Guide* introduced the Society's new 10-minute vision test, in a feature story in July 1982. After trial airings in several states, the TV Eye Test went public this year. Research showed the Test to be 90 percent accurate in identifying people with vision problems.

Developed especially for adaptation to television screens of any size, the Test is in two parts — Part 1 allows the viewer to self-test normalcy of distance vision, and Part 2 offers a check on side, or peripheral vision. The Society and its state affiliates are offering the TV Eye Test to networks (its debut was on NBC's "Today" show) and local stations. Most local TV stations that run the Test cooperate with the Society in wrapping it into a half-hour or hour program that includes discussions with ophthalmologists and other

spokespersons who are members of Society state affiliate committees. The discussions center on common eye problems among Americans, and the need to take preventive measures — primarily, regular eye exams — to avoid vision loss due to serious but often initially "hidden" eye diseases such as glaucoma, macular degeneration and diabetic retinopathy. Many of these local programs include a call-in segment allowing viewers to ask Society spokespersons about personal vision concerns.

The Eye Test was developed by ophthalmologists at Stanford University, with initial funding provided by a Society grant.

Two million Americans have the disease but half don't know it yet — it's glaucoma, the sneak-thief of sight

Since the 1960's, when a nationwide survey showed that less than half of the adult public even knew what glaucoma was, let alone how to guard against it, the Society has been steadily mounting a "familiarity campaign" to acquaint people with this leading cause of blindness. The hope is that more of us will be checked regularly and therefore in time — before any significant vision loss, for those who turn out to have glaucoma.

Screening tests with an instrument called a tonometer can identify individuals who need a professional eye exam. Although screening is chiefly meant to make people more vision-conscious and is not diagnostic, abnormal tonometry readings are an important early warning of possible



The TV Eye Test permits one to check vision at home. (TV reception simulated.)

glaucoma for thousands of people every year. During this report year, 172,552 people were screened in Society-sponsored glaucoma programs. Some two percent either have glaucoma, which can usually be arrested with medication, or are glaucoma suspects with elevated eye pressure, requiring frequent eye checkups.

A tonometry check as a routine part of every general medical exam is not yet a reality. And there are many who don't even get regular medical checkups. That's why the Society continues to step in to communities across the country, with local glaucoma screening projects.

An excellent model of an ongoing glaucoma detection program is the one that has been under way in New York City for the past nine years. It has two objectives: to convince large firms with medical departments to regularly screen employees for glaucoma and to hold "special event" screenings in smaller firms and in a variety of heavily trafficked city locations, such as banks, large office buildings, hospital lobbies, even in mobile clinics parked near busy intersections.

For one example, the Society loaned Columbia Broadcasting System (CBS) a non-contact tonometer, a large, computerized version of the instrument, and cooperated with their medical department in screening 1,278 employees at 11 different company offices within the city. CBS staff nurses performed the screenings and test evaluations; 70 employees were re-screened as glaucoma suspects, and 17 finally referred to ophthalmologists because of repeated abnormal test

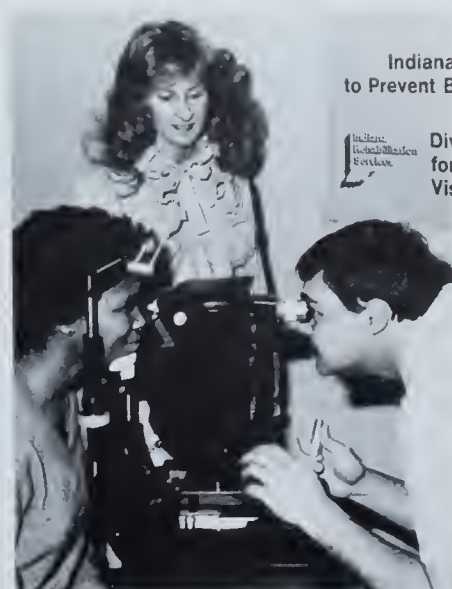
results. The CBS program limited the screenings to employees over 30 or those with a family history of glaucoma, and notified all employees of the screening dates through personal memos, along with a Society pamphlet telling them about the disease.

Society affiliates once again committed themselves to screening more people for glaucoma this year than last, and the top numbers were reported by Texas, which screened 27,653 adults; Ohio, which screened 18,785; Georgia, 17,337; and Wisconsin, 14,783.

Meet Us At the Fair

Many Society affiliates this year chose to augment their own glaucoma screenings with those at large health fairs. Various health agencies participated under the umbrella of the National Health Screening Council for Volunteer Organizations, a non-profit agency. These week-long fairs, in the larger cities, often moved from neighborhood to neighborhood.

The fairs offered a variety of tests and screenings, exhibits, and take-away educational materials. A big plus of participation was media exposure gained for the Society and its programs, which translates into greater public awareness. The ground rules for health fairs under Council auspices included the proviso that each be co-sponsored by at least one major local corporation and a television station, assuring support and promotion. The most "Fair" minded Society affiliate was Georgia, where 88 ophthalmologists and nurses did the glaucoma screening at 66 different fair sites in Atlanta.



A glaucoma screening at the Indiana State House.

Our Home Eye Test for Adults lets people see if they measure up to normal vision

There are three good reasons behind the Society's new Home Eye Test for Adults, made available to the public in March 1983. People tend to be crisis-oriented in health matters, and put off going to the doctor unless something is obviously wrong. The three leading causes of blindness among adult Americans usually do not give apparent warning signals. Sight lost to these diseases — glaucoma, macular degeneration and diabetic retinopathy — can never be restored, and even effective *treatment* is strongly linked to catching the problems in their earliest stages.

So the Society developed, with a

Community Services

continued

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A preschool vision volunteer tests a Wisconsin tot's eyes.

team of the nation's leading ophthalmologists, a simple, convenient test kit that shows people whether or not they are seeing normally. Those who fail the vision test will hopefully be prompted to get a professional eye exam. As with any vision screening test, passing it is not meant as a reassurance to the user that no eye or vision problems exist, and this is emphasized in Society messages about the test. The value is the warning it gives to those who fail, and, as well, the simple informational value to all test-takers to be aware of the need to safeguard sight.

The test checks three distinct areas of visual function in adults. Part 1 checks for acuteness of distance vision; Part 2 checks near vision, the ability to see well close up, as in reading and Part 3 checks for defects in central vision — defects that are often specifically linked to macular degeneration, the nation's leading cause of new cases of blindness.



In Northern California, preschoolers do a trial run of the E game.



Mrs. Leslie O. Renigar, Jr. and Kevin, 5, Charlottesville, Va.

"When Kevin was four, I noticed that he sat close to the screen when watching TV and that he squinted, blinked and rubbed his eyes a lot. I took him for an eye checkup but no problem could be detected. I was told it was probably just a habit. This March, Kevin came home from kindergarten with a report that Mrs. Pancake* had come in and tested all the children's eyes, that he couldn't read a line on the "E" chart appropriate to his age and was having trouble seeing the blackboard. I made an appointment with an eye specialist for the next day. He discovered that Kevin had very bad astigmatism.

"When Kevin got his glasses, he looked down at his feet as we walked out of the mall and exclaimed: 'Look Mom, I can see my feet—and they're big.' We just praise the Lord for the work you people are doing."

And from Kevin: "Thank you, Prevent Blindness."

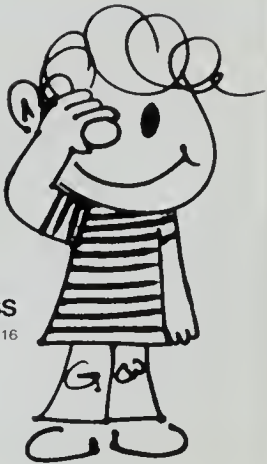
*Mrs. Dee Pancake, preschool vision chairman, Virginia Affiliate

HOME EYE TEST FOR PRE- SCHOOLERS

Produced and distributed by the
**National Society
to Prevent Blindness**
79 Madison Avenue, New York, NY 10016



With grant support from
Delta Gamma Foundation and Lakeview Fund, Inc.



Prueba Simple de la Vision para Niños de Edad Pre-escolar

Producido y distribuido por la
**Sociedad Nacional para
Prevenir la Ceguera**
79 Madison Avenue, New York, NY 10016



Por concesión de Delta Gamma Foundation,
The Arkville Erph Fund, Lakeview Fund, Inc.



A "best seller" for more than a decade, our Home Eye Test for Preschoolers, available both in English and Spanish, is designed to alert parents to a child's potential vision problems. More than nine million copies have been distributed. Its production has been made possible by grants from the Delta Gamma Foundation, Reader's Digest Foundation, Soroptomists and many other individuals and groups around the country.

Media cooperation in publicizing the test has been excellent to date and has included extensive radio, TV, magazine and newspaper coverage. United Press International news service was an important catalyst in focusing immediate media interest. *USA Today*, *Chicago Tribune*, *Washington Post*, *Omaha World Herald*, *Atlanta Constitution* and *New York* magazine were some of the publications carrying early stories.

...and the Home Eye Test for Preschoolers lets parents check their children for normal vision

It's been a decade since this simple "game" was introduced as a way for parents, at home, to check the vision of youngsters too young to respond to the familiar eye-chart tests. The Society's impetus for promoting the test remains the same: One out of 20 preschoolers already has a vision problem and early discovery is critical for effective correction of certain common, but often inapparent conditions, such as amblyopia, also known as lazy eye. The test continues to be distributed at the initial rate of close to a million kits each year.

A screening of the sort provided by the Home Eye Test for Preschoolers checks the ability of youngsters to correctly identify forms at a distance. Authorities agree that this evaluation of distance visual acuity is the most important single test of visual normalcy, and that failure to pass this type of test will identify more children who



Ohio school children help test our eye health and safety curriculum materials.

require eye care than any other single test. Parents whose children fail the test are shown that a professional eye exam is called for — *before* reading, writing, and arithmetic!

...but even better is to check in at a Society-sponsored vision screening for preschoolers

The Society sees the Home Eye Test for Preschoolers as a second line of defense in making it possible for young children to get a vision check-up. More valuable for accuracy and data are the Society's scheduled community screenings with trained screeners performing and scoring preschoolers' vision tests, with a notification sent to parents whose children fail. These

organized screenings may be more objective than parent testing; follow-up is done ("Has Johnny been to the eye doctor yet?"), and records are kept for nationwide analysis and for identifying underserved geographic areas. However, until the Society can assure frequent screenings in every community in the country, doing the test at home will continue to be important to checking on youngsters' vision.

In this report year, Society trained volunteers made up affiliates' screening teams, testing 256,537 youngsters nationwide. These screenings were well publicized in advance, and were held at a variety of community sites — obvious choices such as nursery schools, but also at any convenient location where children could be brought.

An additional value of the scheduled community vision screenings is the awareness, created by their promotion and media coverage, that a child is never too young to have a vision problem, and the prime time for that first vision check-up is *before* school age.



A boy explains what he's learned about "The Magic of Sight" to his teacher and classmates.

The Society, like any helping agency that must first gain the attention of those they seek to help, relies heavily on mass communications.

Implementing this broad-range promotion of preventive eye care, our 1982 series of recorded messages by celebrities Richard Thomas, Tony Randall, Madge Sinclair, Jane Powell, Viveca Lindfors, Doug Corbett, and Roy Smalley, went to 5,000 radio stations. These spots warned listeners about eye problems, such as glaucoma in adults or lazy eye in children, that threaten large numbers of people.

Two series of TV spots carrying warnings on glaucoma were produced for the Society as a public service by Merck, Sharpe & Dohme Health Information Services. The 30-second spots went to 350 stations, including Spanish-language stations. Reports from the first series indicate that they were used by 179 stations in top markets and aired on 7,330 telecasts. To date the second series has received 5,400 telecasts on 135 stations.

Early this spring, 200 TV stations around the country received a 30-second spot on racquet sports eye safety produced for the Society by American Telephone and Telegraph Company. An early count reported that it had already been seen on 2,905 telecasts over 90 stations.

Radio and TV talk shows, news broadcasts and health reports alerted people to our Home Eye Test for Adults, the need for eye protection

when playing racquet sports, proper jump-starting of car batteries, and the hazards of handling fireworks. The Society was a widely quoted "reliable source" in news reports squelching a sensationalized false rumor about workers whose contact lenses adhered to their corneas when exposed to welding arcs and electrical sparks.

An advisory on eye care for diabetics; the good word about current techniques in cataract surgery; the toll of eye injuries resulting from personal use of fireworks, often in states where they are illegal; and eye safety hazards in spring cleaning were some of the newsfeatures released to newspapers by the National office and state affiliates. Quotes by local eye experts or

local "case histories" often personalized the stories.

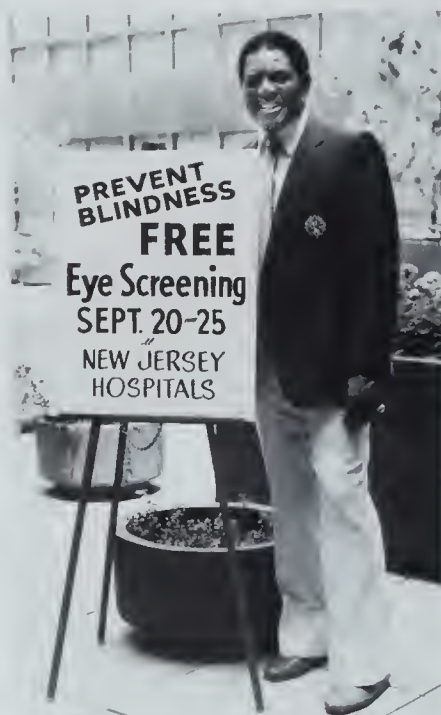
Many affiliates, notably Kentucky and Puerto Rico, secured free advertising in leading newspapers and periodicals, spotlighting particular threats to vision and offering free Society brochures.

Several examples of affiliate public education programs follow.

Capitalizing on the new...

South Carolina used the new TV Eye Test as the centerpiece for a half-hour, prime time telecast over the state's educational television network. Phone-in questions from an estimated 50,000 viewers were taken in Charleston and Columbia by ophthalmologists who serve on the affiliate's board and medical advisory committee.

Nebraska used the TV Eye Test as a lead-in for an hour-long presentation on the popular statewide educational TV program, "The Grand Generation." A panel of medical experts and people with personal histories of diabetic retinopathy, retinal detachment, glaucoma and cataract, answered phone-in questions. An estimated 69,000 viewers among the state's 55 and over age group saw the program. Not only did the show reach individuals and groups previously unfamiliar with our resources, but it also served as a springboard for affiliate workshops at over 90 senior citizen centers and retirement villages, attended by over 6,000 Nebraskans. This outreach boosted volunteer recruitment, was used to promote our new Home Eye Test for Adults, and greatly in-



Baseball's Willie Mays "pitches" for the New Jersey Society during state Eye Health Week.



Helen Thomson, president, Southern California Affiliate; former treasurer, City of Stanton

"My husband and I took early retirement with plans for traveling and doing other fun things we had worked so hard for. Nine months later he became fatally ill. In his last few months of life, he lost his vision. Blindness robbed him of his only remaining pleasures... reading the paper, watching television.

"During this trying period, I was looking for something to fulfill my need to be involved. I had always been an active person. I had heard a talk by someone from the Society and was so impressed. I could relate to the hardship and trauma that the person with bad eyesight goes through, not only because of my husband but because of our son's problems. Now grown, he was a 'preemie' and spent his first three months in an incubator. All that oxygen left him with extremely poor vision. I remember how he struggled to read, how he was often left out by other children—playing ball, for example, because he couldn't see the ball, so couldn't catch it. Whenever I see a child wearing glasses, I have so much empathy.

"While I wasn't able to help my loved ones, I can help others. That's why I'm totally committed to Prevent Blindness."

National Society
to Prevent Blindness

Home Eye Test for Adults

Ten million people age 25 and over have some trouble seeing with one or both eyes, even when wearing glasses.

For some, the inability to see well may be the only sign of a serious eye condition that can lead to blindness.

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Line 2



Line 3



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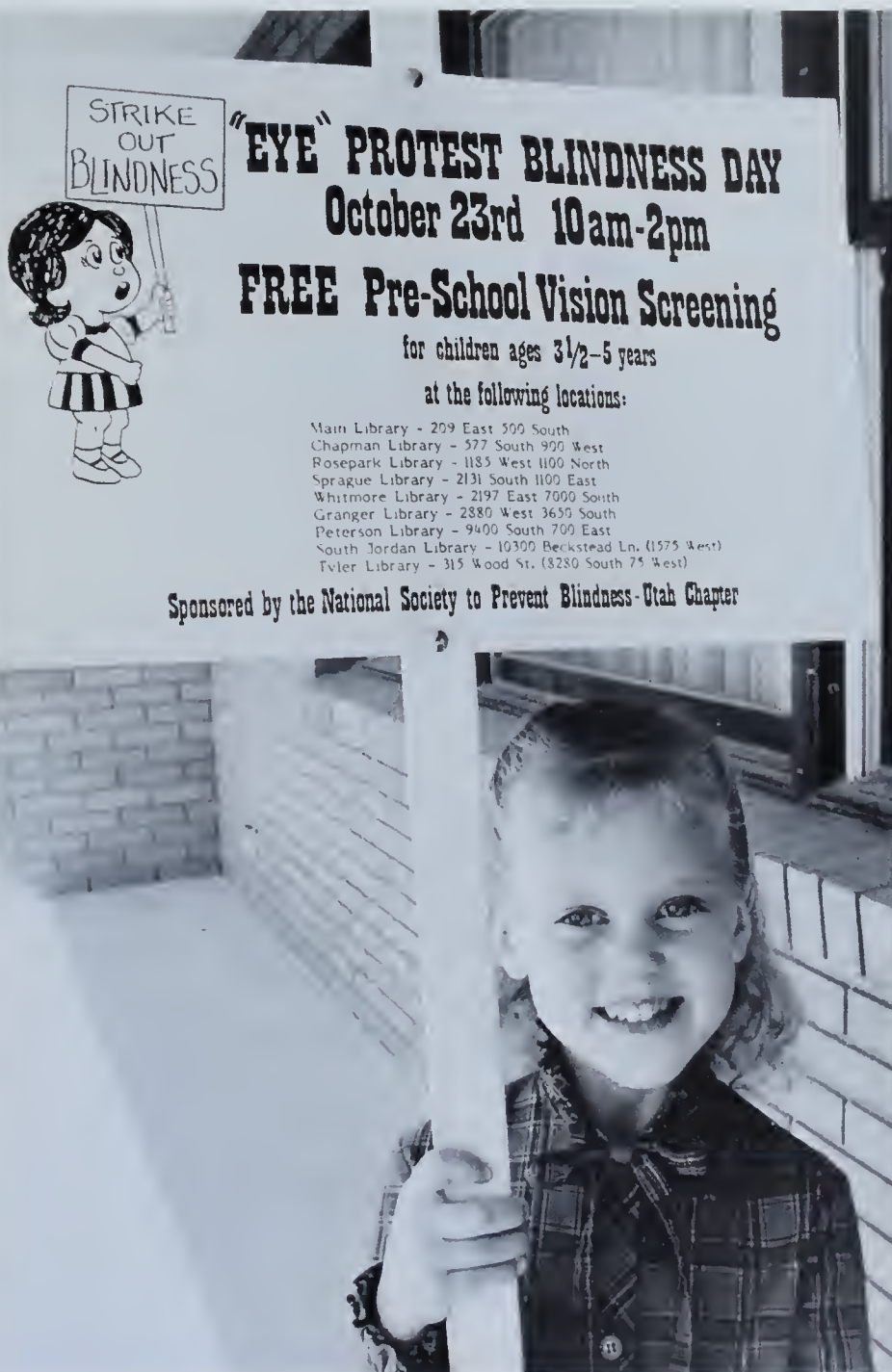


The room should
be well-lighted.



'C' Chart for Distance Test

More than 10 million Americans 25 and over have lost some vision. To help people determine if they are seeing as well as they should, and if not, to motivate them to get a professional eye exam, the Society early this spring introduced its Home Eye Test for Adults. The kit contains three simple tests to check for distance and near vision, and defects in central vision. The latter is specifically linked to macular degeneration which affects the ability to read and see objects in sharp focus and is the nation's leading cause of new cases of blindness.



STRIKE OUT BLINDNESS

"EYE" PROTEST BLINDNESS DAY
October 23rd 10am-2pm
FREE Pre-School Vision Screening
 for children ages 3 1/2-5 years
 at the following locations:

Main Library - 209 East 500 South
 Chapman Library - 577 South 900 West
 Rosepark Library - 1185 West 1100 North
 Sprague Library - 2131 South 1100 East
 Whitmore Library - 2197 East 7000 South
 Granger Library - 2880 West 3650 South
 Peterson Library - 9400 South 700 East
 South Jordan Library - 10300 Beckstead Ln. (1575 West)
 Fvler Library - 315 Wood St. (8280 South 75 West)

Sponsored by the National Society to Prevent Blindness-Utah Chapter

In Utah, volunteers sometimes come in small sizes.

creased requests for our brochures and films.

With the nation's Hispanic population fast-growing, reaching Spanish-speaking audiences with our sight-saving messages has become increasingly important. Mexican-Americans along the Rio Grande in Texas and in the Los Angeles area were able to take the TV Eye Test and learn more about eye care through the cooperation of a network affiliate station and through a Spanish-language station respectively. Bilingual ophthalmologists active in our Texas and Southern California affiliates introduced the Test and answered viewer questions.

Capitalizing on traditions...

September, National Sight-Saving Month, is the Society's "official" time for getting extra media attention.

New Jersey had many programs to promote its services, including week-long glaucoma screenings at 89 local hospitals promoted by baseball's Willie Mays. Some 9,024 persons were screened; 514 failed the test and were referred for professional eye care. To call attention to eye health, magazine publisher Malcolm S. Forbes took guests for rides in his spectacular hot air balloon at a special event widely covered by the news media. Some 550 helium-filled balloons imprinted "Prevent Blindness" on one side and advertising dates of the screenings on the other, were dropped from the side. Some bonuses of the special Morris County event, held on an estate owned by

The Prudential Insurance Company of America, was the gift of funds to purchase a "Vision Van" and a non-contact tonometer, enabling the affiliate to take to the road with glaucoma screenings.

The Society's 35-year-old Wise Owl Club, a national eye safety incentive award program for workers and students, was linked to a "Celebration of Sight" by Connecticut. A fund-raising dinner/dance to select the "Most Beautiful Eyes in Connecticut" drew excellent support from corporate institutions and state Wise Owl Club members. An 18-year-old Stamford coed, whose "baby blues" most captivated the judges, triumphed over nearly 100 men and women contestants.

The Society's free Home Eye Test for Preschoolers has been a favorite sightsaving giveaway for over a decade now. Placing bulk quantities in popular community locales is one way of insuring the kit's continued accessibility to parents. This year the Rhode Island affiliate was able to stock the test in all the state's McDonald restaurants.

Reaching those who can benefit most

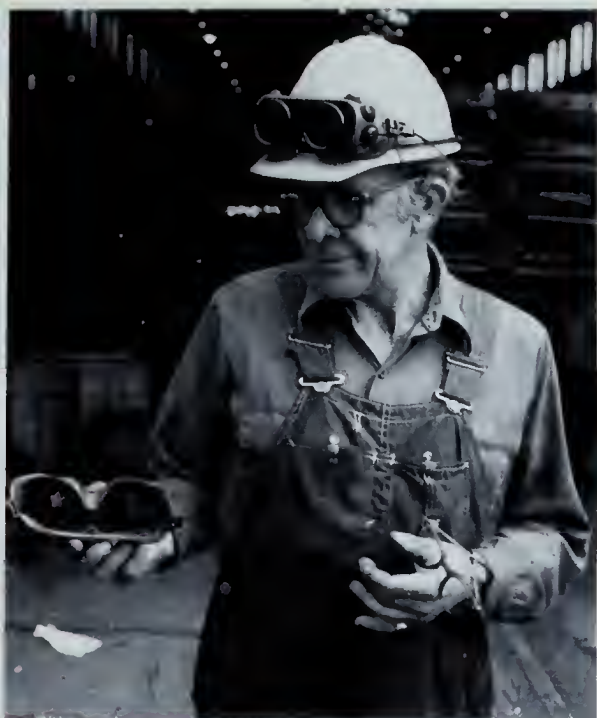
To help combat eye injuries in the workplace, the Occupational Health and Safety Administration invited the Society to implement a joint national eye safety program. In 1982, there were an estimated 102,000 disabling

on-the-job eye injuries. Plans include increased emphasis on eye protection in the Federal agency's compliance and consultation visits, training activities, and informational materials. One valuable information tool is the Society's new *A Guide for Controlling Eye Injuries in Industry*, which came out this year and has received much attention. A complete eye safety reference, and especially useful to smaller industries, the Guide was drafted first by our Wisconsin affiliate. The Allen-Bradley Co. and Ohio Industrial Commission's Division of Safety and Hygiene contributed illustrations. Its publication was made possible by grants from NL Industries, Long Island Lighting Company and Wausau Insurance Companies.

Promoting the use of safety eyewear when playing tennis, squash or racquetball, has turned into a major Society campaign as eye injuries mounted with the increased popularity of these sports. This year the Society received important support from the National Collegiate Athletic Association, National Intercollegiate Squash Racquets Association and the American Amateur Racquetball Association. These groups have been officially recommending the use of eye protectors that meet guidelines of the Society's "Eye Protection Recommendations for Racquet Sports Players." Hundreds of racquet sports facilities have posted these standards available in flyer/poster form. Publicity on the problem and the solution has been extensive: Wisconsin, for example,



The Wise Owl Club Task Force reviews the Society's Industrial Eye Safety Poster.



J. J. Schweitzer, railroad car repairman for the Union Railroad Company, Monroeville, Pa., one of the newest members of our Wise Owl Club of America

"I was operating a burning torch on the end of a railroad car. The hydraulic end pusher (similar to a hydraulic jack) slipped and struck me on the right corner of my burner (welding) goggles. The impact fractured not only the tempered glass right lens of the goggles but also the right lens of my prescription safety glasses worn underneath them.

"I had to have six stitches below my right eye and was severely bruised around the eye and face. But I am gratified that the protection afforded by the safety glasses and goggles prevented any injury to my eye or vision."

A Guide for Controlling Eye Injuries in Industry



National Society to
Prevent Blindness

This new 24-page illustrated eye safety reference features a chart of specific industrial work settings, their potential eye hazards and recommended eye protection devices; special considerations for workers in welding operations; and also covers laws and standards regarding employee eye protection.

sponsored amateur racquetball tournaments where the players were required to wear safety eyewear.

Following are examples of other affiliate efforts to reach special audiences during the year:

Ohio's town meeting, "Cataract: Causes and Cures," drew a capacity audience of some 650 in Columbus. Co-sponsor of the event, promoting it with extensive advance publicity, was the *Columbus Citizen-Journal*. Four faculty ophthalmologists from the Ohio State University College of Medicine gave presentations and answered audience questions.

Volume use of herbicides, pesticides and fertilizers call for eye protection



Taking eye safety precautions in the garden.



Scott Johnson Penn State

Testing commercial eye goggles at Penn State to develop the new Standard for Racquet Sports Eye Protectors.

among farmers, as well as know-how for emergency treatment of any eye contact with these caustic substances. New this year among "how-to" materials for farmers is Indiana's Farm Eye Safety Kit, developed with Purdue University and introduced at the state's annual Farm Progress Show. The kit has been promoted through farmers' associations, 4-H Clubs and schools of agriculture, as well as print media, and radio and TV shows directed to farmers.

REFLECTIONS 1908-1983

12

On the eve of its 75th anniversary, the vital signs of the National Society to Prevent Blindness continue to be remarkably strong.

When NSPB was founded, its emphasis on prevention made it a cause far ahead of its time. Not until the 1960s did prevention really become recognized as the partner of cure in medicine.

As a pioneer in preventive health care, the Society had a head start in meeting the challenges of today's "wellness" campaigns with their emphasis on people playing a more active role in their own health care and that of their families. Our Home Eye Test for Preschoolers, now ten years old, and our new Adult Home Eye Test are examples of do-it-yourself health checkups.

A 'One Cause' Beginning

The initial concern of the Committee on Prevention of Blindness were children blinded at birth from "babies' sore eyes," contracted from their mothers who had gonorrhea—children whose sight could have been saved by instilling silver nitrate drops, a cure available for over a quarter of a century but not widely used. What is truly remarkable, in retrospect, is that in an era when venereal diseases were looked away from by "polite society," this enlightened group tackled it from a public health viewpoint.

As a result of this early vigorous campaign, all states but one now require the use of prophylaxis for newborns' eyes and such blindness has been virtually eliminated. Because sexually transmitted diseases, including gonorrhea, continue to be a major concern today, this campaign remains relevant.

The Committee was a cross-section of professional and concerned lay persons—the kind of "doers, movers, and shakers" who have served on the Society's board and committees throughout its history.

And they set a pattern from the start of our Prevent Blindness movement—to translate into social action the scientific discoveries in ophthalmology and other

fields which offer possibilities of saving sight for large numbers of people.

The year in which the Society was established was the era of the "muckrakers," and of the great social reform movements.

It was the year in which Wilbur Wright established a new flight record by staying aloft for more than 55 minutes...the year that Henry Ford designed the Model T. In 1908, the average life expectancy of Ameri-



After delivering the baby at home, doctor puts in drops that will protect the child's sight

cans was age 50—and the per capita income tax was \$2.84. Ten-to-twelve-hour work days were the norm. Only the Sabbath was a day of rest. Child labor was rampant. So were sweatshops.

By 1914, Henry Ford was producing an entire car on the assembly line. These mass production techniques had a profound effect on the country's industrial development and mechanization.

Introducing Industrial Eye Safety

The demands on the eyesight of workers increased enormously with the complexities of modern machinery and the exacting nature of precision tasks. There was a need for proper illumination in the working area—and for opening the eyes of management to the fact that a tired worker could be a careless worker. In 1917, the Society published "Eye Hazards in Industrial Occupations," launching one of its important programs, eye health and safety in the workplace.

The world began to shrink in the '20s. In 1927, Charles Lindberg's historic flight to Paris in 33½ hours heralded a revolution in transportation that continues today...in inner and outer space. There were also rapid changes in communications. In 1920, the nation's first commercial radio station went on the air.

Whereas posters and even cartoons served as the main communication tools with the public in the Society's earlier days, the broadcast media were to become extremely effective future partners of the Society in conveying its eye health and safety messages to the American public.

In the '30s, legislation limited the work week in industry to 44 hours and just before World War II, to the 40-hour week.

Child labor laws and education laws helped give children back their childhood—and a brighter future.

Vision Screening Is Initiated

Protecting the eyesight of the young became a continuing concern of the Society in the mid-'20s; its first volunteer-involved pre-school vision screening program took place in 1925. And in the early '30s, the Society conducted the first study of causes of blindness in school-age children.

More leisure time put more cars on the road. In 1915 there were less than 2.5 million cars; by 1920 there were more than 9 million. By 1978, motor vehicles were contributing to almost half of the accidental deaths in the United States. There was more time for sports, more time to garden, more time for do-it-yourself projects around the house.

And with these new lifestyles came new eye problems for the Society to address—on the road, in sports, in and around the home.

But the biggest changes were yet to come in medicine and its technologies. The explosive news of sulfanilamide started the real revolution in medicine... one that has profoundly changed the nature of health care.

Sulfa drugs themselves offered better control of trachoma, the ravaging eye disease that was the focus of the Society's early campaigns, and of many infectious diseases and venereal diseases which in the past took a large toll of eyesight.

The age of antibiotics and other breakthroughs in drug therapy began in the '40s during World War II.

Explosion of Scientific Knowledge

Medicine today possesses *an array* of technology for diagnosing, treating and curing disease that was science fiction for a generation growing up in the '30s.

One of the major discoveries of our time was the deciphering of the genetic code—the blueprint of inheritance for all living matter. Open heart surgery was first performed in 1954. That same year, the Salk vaccine for polio was announced, heralding the eradication of another devastating infectious disease.

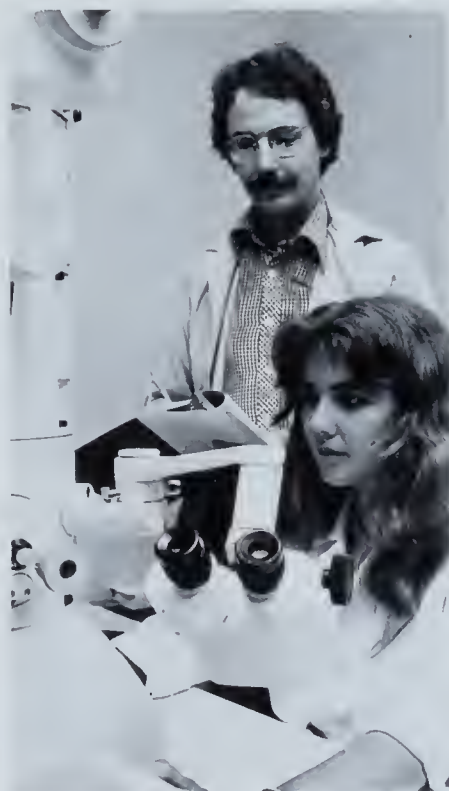
The CAT Scanner, a quantum leap in X-ray technology, enabling doctors to visualize cross sections of the human body, has become a major diagnostic tool, giving answers often formerly available only by exploratory surgery. Automated blood analyzers perform dozens of different tests on blood samples and other body fluids, coming up with results in minutes rather than in days.

Ophthalmology has benefited considerably from the technological breakthroughs. Many of the greatest advances in the eye care field have taken place in the past decade, perhaps the most dramatic ones in the past four or five years.

Microscopic photography with a special camera helps doctors track, document and treat eye diseases. Surgical microscopes

with their significant improvement in illumination, allow the internal structure of the eye to be seen. Since the eye is the window of general health, these technological tools may provide the first indication of disease in other parts of the body.

New drugs not only keep eye problems like glaucoma under control but reduce the risk of eye infections after surgery, making it possible for people to be dis-



Eye researchers with the electron microscope in their lab

charged from the hospital often within a day or two. This eliminates post-operative complications that used to occur as a consequence of prolonged bed rest.

Space Age Surgery

One of the most significant changes in treating eye disease has been in cataract surgery. For many years, the patient had only one option: long convalescence, bot-

tle-thick eyeglasses, a loss of side vision and difficulty in adjusting to unequal vision if only one eye was operated on. Not only has the method of treatment changed but the option is frequently contact lenses to replace the clouded natural lens removed by surgery. For older people, an intraocular lens implant can be the choice. In today's cataract surgery, there is a small incision and the natural lens is extracted, either by a freezing probe that adheres to it or is emulsified by ultrasound.

The continued increase in our life span has already meant more focus on causes of blindness in an aging population. Today, the average life expectancy of Americans is 73.8 years. Since 55 percent of new cases of blindness occur in individuals 65 and over, the effective treatment of age-related eye disorders is a major challenge to ophthalmology and the Society.

Perhaps the most astonishing new tool in the arsenal of weapons against blindness is the laser. Some ophthalmologists predict that in the future, the surgeon's principal tool will be some variety of laser.

The argon laser welds or seals leaking blood vessels of the eye and fragile torn retinal tissue associated with vision-threatening diabetic retinopathy. More recently, two kinds of glaucoma have responded to treatment with it.

The newest laser is the experimental YAG, or cold laser, whose technology was first used to cut holes in diamonds for the inner workings of Swiss watches. Used in Europe for several years, but limited to "investigative procedures" in this country, the YAG, in a 15-minute procedure, can remove secondary cataracts.

What Is Past Is Prologue

The National Society to Prevent Blindness, on the eve of its 75th anniversary, is still a young organization as it looks forward to reaching new and wider audiences with its sightsaving programs.

Through early detection, public education, medical treatment and modern technology, half of all blindness can be prevented. Our outlook has never been brighter.

A simple addition to routine checkups could give a million people the evidence they need

There are an estimated one million Americans who don't yet know they have glaucoma, the nation's leading cause of blindness. An important approach to finding the one out of every 50 adults who has the disease is to alert a variety of health care providers to the value of a tonometry check for all their adult patients. Tonometry, the eye-pressure test for glaucoma, could readily be given along with other routine screening tests. The Society is reaching out to family physicians, public health personnel, and occupational health physicians and nurses,

to inform them about glaucoma and, through workshops conducted by ophthalmologists, to teach them tonometry.

Statewide workshops to train primary-care physicians to perform tonometry were held by six affiliates this year; and 14 affiliates held glaucoma detection seminars for nurses, training over 1,100 in tonometry. Important adjuncts to these live programs are the Society's film on "The Glaucomas" and the how-to guide, "Glaucoma Alert Program," which informs primary-care physicians and nurses, and occupational health personnel about glaucoma, tells them how to perform tonometry screening, and gives them standards for referring glaucoma suspects to ophthalmologists.

Reaching those who treat diabetics, informing them that eye disease is prevalent among their older patients

Vision loss as a complication of diabetes is a possibility in all diabetics. Timely treatment can save vision for many who are threatened with the severe stages of the disease which now blinds some 5,000 diabetics each year. They should be checked annually by an eye specialist—and even more frequently in some cases. That's the core message that the National office and state affiliates are bringing to seminars on diabetic retinopathy for doctors and nurses. The seminars are based on the Society's slide-tape presentation, "The Effects of Diabetes on the Eye," which shows and tells how retinopathy develops and impairs vision, and how the disease can be controlled with laser surgery or other types of photocoagulation. A companion booklet is also available to health care providers.

The National office sponsored a seminar for nurses on diabetic retinopathy at its September scientific conference in New York City; and affiliates reported 42 such seminars within their states this year.

Two other important components of the Society's professional education program are: *training in visual acuity testing of preschool and school-age children* through vision screening workshops for teachers, school nurses and public health personnel; and *eye safety in schools and industry*, primarily centered on the appropriate use of safety eyewear for work or ac-



NSPB president Frank W. Newell, M.D., presents our first Distinguished Scientist Award to Johns Hopkins' Arnall Patz, M.D.



Al DeRogatis is a man of many "hats." A vice-president of Prudential Insurance Company of America, he's involved in wide-ranging civic and sports activities in his native New Jersey. One of the favorite "hats" of this former All-American/football pro and network sportscaster is as the Society's Prevention of Blindness Ambassador. Here is how he got involved:

"I was having trouble with my eyes, but I just wasn't getting a definitive diagnosis. Then one day, while waiting for my daughter in the ophthalmologist's office, I thumbed through one of the Society's publications on glaucoma. 'This is what I've got,' I thought to myself. When my daughter was through, I had the doctor give me an exam. He confirmed glaucoma.

"It's not always the *other* guy who injures his eye or loses his sight. I came that close. Of course, I want to help the Society. Thanks to its work I've got my eyesight.

"It's staggering when you stop to think that at least half the blindness that occurs, for whatever reason—accident, disease, people's ignorance and neglect—is absolutely needless. And, furthermore, that it can be prevented with the knowledge and skills we have on hand. But each of us has to be aware, become personally involved."

GLAUCOMA DETECTION for Business and Industry

**Glaucoma
Alert
Program**

a major campaign led by
the National Society to bring
glaucoma, a leading cause
of blindness, under control
throughout the country

Glaucoma
Glaucoma
Glaucoma
Glaucoma
Glaucoma
Glaucoma
Glaucoma

...sneak thief of sight

Glaucoma is a leading cause of blindness among adults in the United States. One out of every seven blind people you see is a victim of glaucoma (pronounced glaw-koma). Practically all of them had normal sight most of their lives. But sometime during their forties, fifties

**Glaucoma.
You don't
feel
a thing.**

**After a
while, you
can't see
a thing.**

Right now there are some 1 million unsuspecting victims. That's because you can be losing your sight to glaucoma and not realize it. Especially if you are 35 years plus. So be smart. Get your eyes tested at least every two years. For more information about this leading cause of blindness, write the National Society to Prevent Blindness, 79 Madison Avenue, New York, NY 10016.



NSP - NOT BLIND

Early detection and treatment of glaucoma, the nation's leading cause of blindness, is one of the Society's major prevention targets. Pamphlets, screenings in industry and the community, seminars for health care professionals, television and radio messages informing the public about this "sneak thief of sight" are among the ways NSPB reached millions of Americans with its glaucoma alert this year.

tivities that pose eye hazards, and directed to school administrators, teachers of vocational, industrial arts and laboratory courses, and occupational safety personnel. For small industries without safety departments, the Society's new *"Guide for Controlling Eye Injuries in Industry"* offers responsible advice.

Examples of professional education programs held by affiliates this year:

☐ Arkansas affiliate held several workshops on glaucoma, cataract and diabetic retinopathy, reaching 125 health care providers.

☐ Northern California affiliate trained 1,333 public health professionals in detection of vision problems in children.

☐ Oklahoma affiliate's two-day Laser Symposium for physicians drew 180 registrants from 12 states; a panel of nine international experts in laser surgery discussed the latest advances in using lasers for some cataract surgery, for glaucoma and eye tumors, and for several disorders of the retina. The audience witnessed actual laser treatments of several patients.

☐ Wisconsin affiliate contacted all hospitals and clinics in the greater Milwaukee area with offers of the slide presentation, "The Effects of Diabetes on the Eye," for training programs for nurses and resident physicians. The response has been excellent, and the affiliate plans to systematically contact all hospitals and clinics in the state.

☐ Texas affiliate, working through the state's department of education (TEA), secured mandatory reporting of eye injuries to TEA by all schools in the



The subject is sports eye injuries in this TV interview with Benjamin Milder, M.D., Washington University ophthalmologist.

state; and TEA has begun an inspection program to evaluate eye safety practices in all schools.

☐ Florida affiliate's workshop in Fort Lauderdale for 40 safety engineers and occupational nurses focused on the right type of safety eyewear for the particular job, and emergency treatment of eye injuries.

Continuing a tradition of 30 years,

the Society again co-sponsored a "state of the art" symposium on glaucoma for ophthalmologists attending the annual meeting of the American Academy of Ophthalmology, held

last November in San Francisco. The symposium presentations ranged from new insights into the fundamental nature of primary open-angle glaucoma to laser treatment of various types of glaucoma. The special Robert N. Shaffer Lecture was delivered by A. Edward Maumenee, M.D., former director of Baltimore's Wilmer Ophthalmological Institute of The Johns Hopkins University and Hospital, and a former NSPB board member. His address was "Causes for Optic Nerve Damage in Glaucoma."

This year the Society awarded 32 grants totalling \$225,600, the highest amount of funding for basic and clinical research projects relating to prevention of blindness to date.

The grants went to scientists at universities and medical centers around the country for pilot projects ranging from biological and animal studies in the laboratory to the assessment of treatments for specific eye problems of children and adults. The Society's financial support of vision research is primarily invested as "seed money" for young investigators to get underway with innovative studies.

Here are a number of the projects supported by NSPB this year, and the objectives of the work:

Diabetic Retinopathy

In the diabetic eye, there may be important changes in electrical conductors such as trace metals that could be an early clue to the disease diabetic retinopathy. By cataloging the age-related changes of these elements in normal eye tissue, and comparing them with the changes in eye tissue of diabetics, a new basis may be found for drug or nutritional treatment to avert the serious consequences of diabetic retinopathy. In another project, the role of a protein "messenger," which is a stimulus for the unwanted and abnormal new blood vessels that characterize late stages of diabetic retinopathy, will be examined. How diabetes may influence the release of

this protein, and whether it is indeed overabundant in the eye fluid of diabetics, will be investigated.

Eye Infections Caused by Herpes Virus

Among the pathogens that cause eye infections, the herpes simplex virus ranks high in its vision-threatening effects. White blood cells normally fight these infections (some 400,000 cases of infection occur annually), and do so effectively in highly immune people. An attempt is being made to clone a supply of "commander" white blood cells known as T lymphocytes that would specifically attack the herpes virus. This could provide an effective treatment for people who suffer severe eye complications due to herpes infections or reactivations. Another NSPB grant recipient is making a detailed study of the immune response to ocular herpes in mice, and will try ways of boosting the reaction.

Retinal Degeneration

Certain cells of the retina change incoming light into electrical signals, a relay system to the brain that is critical to vision. Shut-down or malfunctioning of these cells is responsible for vision loss in many people, particularly the elderly. A specific chemical is released when the relay system is working, and this chemical will be analyzed to understand its requirements in normal eyes, as an avenue of treatment in eyes where the relay code has broken down. Another NSPB grant recipient is studying the overabundance of a certain chemical, known as cyclic GMP, in animals with inherited retinal degenerations. Still another study will examine the possible

role of autoimmune reactions in retinal degeneration, in which the body's infection-fighting white blood cells mistakenly attack the body's own tissues as foreign substance.

Glaucoma

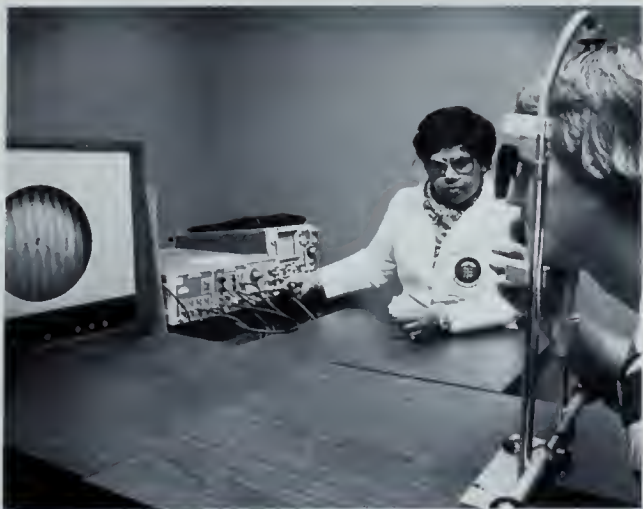
In normal eyes, a hormone (natriuretic hormone) prevents the overproduction of an enzyme that is important in the control of intraocular pressure. Experiments in animals will be done to vary the hormone level and see how it affects pressure, as a possible avenue of treatment for glaucoma, a disease caused by abnormally high intraocular pressure. Another grant recipient will use the electron microscope to study in detail the drainage channels that are the exit points for internal eye fluid, and which are often impaired in those with glaucoma. Proceeding from successful studies in animals, yet another researcher will begin human trials with new drugs that may improve the chances of successful glaucoma surgery in cases where surgery is needed.

Transplants

Attempts will be made to transplant retinas in animals, to better understand the problems and the feasibility of such procedures in humans.

Strabismus Surgery

Surgery on eye muscles, to correct crossed eyes and other eye-alignment abnormalities, can sometimes result in muscle scars that restrict muscle functioning. Studies in rabbits will be done to see if wrapping the operated muscles with a natural salt can protect against scarring.



Sunanda Mitra, Ph.D., a research scientist in the department of ophthalmology and visual science at Texas Tech University Health Science Center, received two Society grants for research on "Spatial Contrast Sensitivity in Macular Disorder" between April 1980 and January 1983.

"I am grateful for the encouragement and financial support provided by NSPB that enabled me to initiate a new technique to differentiate certain macular disorders and other disorders in the central visual pathways.

"This technique, using a lattice work of light and dark parallel bars displayed on a TV monitor to measure sensitivity to the presence of contrast, is making it possible to classify certain macular diseases in their early stages.

"It is also helping differentiate between macular holes, where permanent vision loss can occur and pseudomacular holes, where normal vision may return. Clinical methods cannot make this differentiation.

"The technique is also showing promise in detecting early loss of vision caused by other eye problems such as glaucoma.

"This research, reported at various professional meetings in the field, has attracted considerable attention."

"NSPB and the Professional—Partners in Prevention," our new table-top exhibit, has been attracting a good deal of attention in interpreting to professional groups what the Society does. It made its debut in San Francisco at last year's meetings of the American Academy of Family Physicians and American Academy of Ophthalmology.



NSPB and

the Professional

—Partners in Pr

vention



EDUCATOR

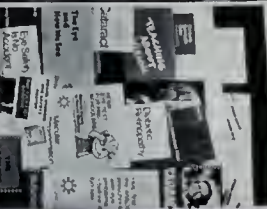
- Patient
- Health Care Professionals
- Public

ADVISOR

- Community Detection Programs
- Public Health/Education Agencies
- Standards

RESEARCHER

- Basic and Clinical
- Epidemiologic



**National Society to
Prevent Blindness**



Research Grants Awarded

NEW GRANTS

"Macular Holes: Etiologic Considerations and Clinical Course," investigator Thomas L. Hauch, M.D., Department of Ophthalmology, University of California, Los Angeles.

"Development of Cloned T-Cell Lines Reactive with Herpes Simplex Virus Antigens," investigator Robert N. Lausch, Ph.D., Department of Microbiology/Immunology, University of South Alabama College of Medicine, Mobile.

"Em-Immunohistochemical Localization of Monoclonal Antibodies that Bind in the Chick Retina," investigator Vance P. Lemmon, Ph.D., Department of Anatomy, Medical University of South Carolina, Charleston.

"The Kinetics of Early Light-Induced Biochemical Changes in Outer Segments of Photoreceptors in Intact Retinas," investigator Christine Blazynski, Ph.D., Department of Ophthalmology, Washington University School of Medicine, St. Louis.



"Autoimmune Factors In Retinal Degeneration," investigator Susan M. Chant, Ph.D., Department of Ophthalmology, University of California, Los Angeles.

"Relationship Between Natriuretic Hormone and Aqueous Humor Dynamics," investigator Paul F. Nichols, III, M.D.,* Department of Ophthalmology, Washington University School of Medicine, St. Louis.

"Role of Ionic Sodium and Calcium on Corneal Epithelial Healing," investigator Hunson Kaz Soong, M.D., Eye Research Institute, Retina Foundation, Boston.

"Potential Neurotransmitter Amino Acids in Rabbit and Mudpuppy Retinas," investigator Evan Dick, Ph.D., Department of Pharmacology, Washington University School of Medicine, St. Louis.

"The Outflow Pathways of Aqueous Humor in the Monkey: A Combined Morphological and Physiological Investigation Using Electron-Dense Tracers Perfused into the Anterior Chamber of the Eye at Controlled Intraocular Pressure," investigator John M. Butler, Ph.D., Department of Anatomy, Boston University School of Medicine, Boston.

"Role of Arachidonic Acid Metabolites in Neovascularization," investigator Ming T. Lin, Ph.D., Department of Biochemistry, University of Louisville School of Medicine, Louisville.

"Structure and Function of the Corneal Endothelium Following Injury," investigator John S. Minkowski, M.D., Eye Research Institute, Retina Foundation, Boston.

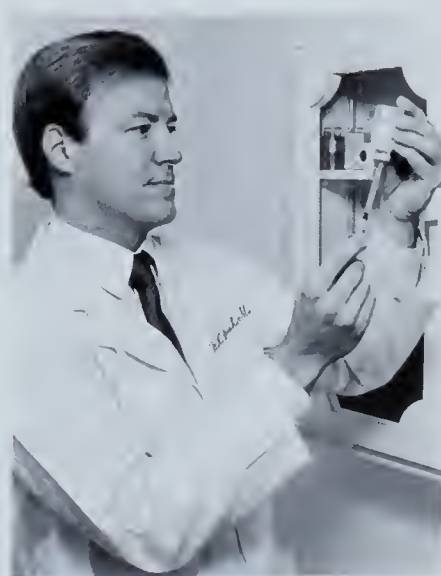
"Mechanism of Sensory Transduction by Vertebrate Photoreceptor," investigator David P. Corey, Ph.D., Department of Physiology, Yale University School of Medicine, New Haven.

"Central Nervous Regulation of Intraocular Pressure," investigator John H. K. Liu, Ph.D., Eye Research Institute, Retina Foundation, Boston.

*Funded by the Adler Foundation, Inc.



"Inflammatory Uveitis: Role of Bacterial Debris," investigator Alvin Fox, Ph.D., Department of Microbiology and Immunology, University of South Carolina, Columbia.



"Antimetabolites and Experimental Glaucoma Filtration Surgery," investigator Richard K. Parrish, II, M.D., Bascom Palmer Eye Institute, University of Miami School of Medicine, Miami.



"Isolation and Assay of Angiogenic Activity from the Aqueous of Eyes with Proliferative Diabetic Retinopathy," investigator Patricia A. D'Amore, Ph.D., Department of Surgical Research, Children's Hospital Medical Center, Boston.

"An In Vitro Model of Retrolental Fibroplasia," investigator Roger Madison, Ph.D., Department of Neuropathology, Harvard Medical School & Department of Neuroscience, Children's Hospital Medical Center, Boston.

"Prevention of Adhesions Using Biologic Sleeves," investigator Steven S. Searl, M.D., Departments of Ophthalmology and Pathology, University of Rochester Medical Center, Rochester.

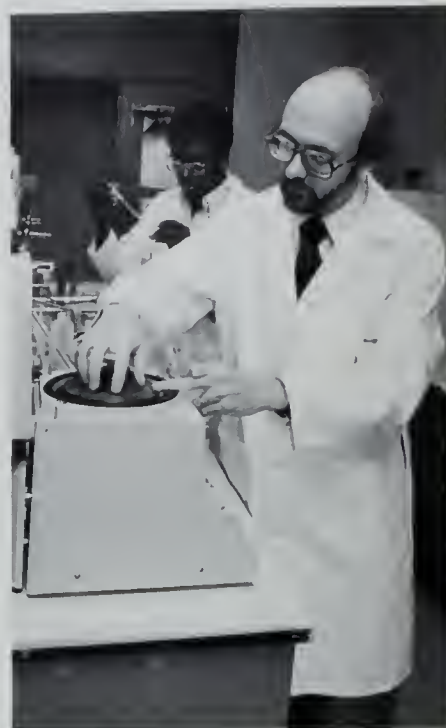
"Identification of Neurotransmitters Used by Photoreceptor Cells of the Vertebrate Retina," investigator Chen-An Chin, Ph.D., Department of Ophthalmology, Cullen Eye Institute, Baylor College of Medicine, Houston. →

"Subcellular Localization of Vitamin A in Corneal Epithelium," investigator Earl H. Harrison, Ph.D., Department of Biological Chemistry, Wright State University School of Medicine, Dayton. →

"Biochemical Identification of Amino Acid Neurotransmitters in the Retina," investigator Stephen C. Massey, Ph.D., Department of Ophthalmology, Washington University School of Medicine, St. Louis.

"Anatomical Pretectal Pathways Subserving the Pupillary Light Reflex in the Primate," investigator Joseph J. Parelman, M.D., Department of Ophthalmology, Washington University School of Medicine, St. Louis.

"Retinal Ganglion Cell Death After Infant Visual Cortex Damage," investigators Helen E. Pearson, Ph.D./Bertram Payne, Ph.D., Department of Anatomy, Medical College of Pennsylvania, Philadelphia.





Holding safety glasses and jumper cables, Bob Aspromonte, whose baseball career with the Houston Astros was cut short when he was nearly blinded in a car battery explosion, starred this year in a TV public service announcement for our Texas Society:

"Thousands of Americans are seriously injured every year because they don't realize that working on automobile batteries can be dangerous. I found out the hard way when a battery I was working on exploded."

As Mr. Aspromonte, a prominent Houstonian, tells it:

"April 4, 1974 is a day I'll never forget. I had just jump-started a friend's car and was disconnecting the cables when the battery exploded. I spent the next 30 days flat on my back with sandbags on both sides of my head. I have never felt so scared and sick in my life. I knew that I had been blinded in my right eye the minute it happened. Yet, I was fortunate. My left eye was not damaged. After four long years and four operations, doctors miraculously restored about 40 percent of the vision in my right eye. I'm glad to have the opportunity to try to help others avoid the same kind of pain and suffering that I went through."

Tying in with its campaign warning of the hazards of battery-related eye injuries, the Society this year distributed 235,000 of these bright yellow vinyl stickers with instructions on how to jump-start a car safely for car owners to affix under the hood. Eye injuries caused by exploding car batteries rose to a record high in 1982 according to the Consumer Product Safety Commission. Over the past five years, well over 1.3 million battery stickers have been distributed nationally, many through industries that have bought them for their employees.

IMPORTANT: HOW TO JUMP-START A CAR SAFELY

Before Attaching Cables:

- ☐ Put out all cigarettes and flames!
- ☐ Make sure cars don't touch. Set both cars' parking brakes and automatic shifts to PARK (manual transmissions to NEUTRAL). Turn ignition OFF.
- ☐ Add battery water, if needed. REPLACE CAPS, cover with damp cloth.
- Don't jump-start if fluid is frozen!
- ☐ Do not jump-start unless both batteries are negatively grounded and the same voltage. American cars are either 12-volt or 6-volt. Check owner's manual.

Attaching the Cables (Do in order listed:)

- ☐ Clamp one jumper cable to positive (+) pole of dead battery. Then clamp cable's other end to positive (+) pole of good battery.
- ☐ At good battery, clamp second cable to negative (-) pole. Then clamp cable's other end to dead car's engine block on side away from battery.
- ☐ Start car with good battery — then start the disabled car.
- ☐ Remove cable from engine block and other car's negative pole. Then remove cable from positive poles.



NATIONAL SOCIETY TO PREVENT BLINDNESS 79 Madison Avenue, New York, NY 10016

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U.S. 5-86

"Visual Resolution in Pediatric Ocular Disorders: Stimulus Variations," investigator D. Luisa Mayer, Ph.D., Department of Ophthalmology, Children's Hospital Medical Center, Boston.

"Immunohistochemistry of Ocular Amyloid," investigator Frances D. McMullan, M.D., Department of Ophthalmology, New England Medical Center, Boston.

"Nutritional Cataracts in Newborn Rats," investigators Tetsuo Nakamoto, D.D.S., Ph.D., and Elizabeth R. Santana, M.D., Departments of Physiology and Ophthalmology, Louisiana State University Medical Center, New Orleans.

"Immunoabsorption Therapy in Uveal Melanoma Cats," investigator Yue-Shoung Lu, D.V.M., Ph.D., Department of Pathology, University of Texas Health Science Center, Dallas.

"Role of Immunological Factors Eliciting Polymorphonuclear Neutrophils Directed Migration in the Cornea," investigator Sally Twining, Ph.D., Department of Biochemistry, Medical College of Wisconsin, Milwaukee. →

RENEWALS

"Rod Outer Segment Disc Membrane: Relationship to Retina Dystrophies," investigator Dolores J. Takemoto, Ph.D., Department of Biochemistry, Kansas State University, Manhattan.

"Corneal Antigens: Utilization of Monoclonal Antibodies," investigator Noveen David Das, Ph.D., Department of Ophthalmology, University of Florida, Gainesville.

"Focused Ultrasound Therapy of Anterior Segment Disease," investigator David Mark, M.D., Eye Research Institute, Retina Foundation, Boston.

"Immune Deviation Induced by Intracameral Herpes Antigens," investigator Judith A. Whittum, Ph.D., University of Texas Health Science Center, Dallas.



Combined Balance Sheet

March 31, 1983
with comparative figures for 1982

ASSETS		1983	1982
Cash (includes savings — 1983, \$15,632; 1982, \$33,052)		\$ 869,813	415,528
Short-term investments, at cost which approximates market		4,277,893	5,029,732
Long-term investments in stocks and bonds (market value — 1983, \$3,973,794, 1982, \$2,803,548)		3,604,743	2,935,508
Land, building and equipment, net of accumulated depreciation (note 2)		1,005,001	924,170
Other assets		276,651	216,476
		<u>\$10,034,101</u>	<u>9,521,414</u>
LIABILITIES AND FUND BALANCES			
Accounts payable and accrued expenses		138,786	318,805
Accrued vacation and severance pay		215,650	197,429
Total liabilities		<u>354,436</u>	<u>516,234</u>
Fund balances			
Current funds			
Unrestricted			
Designated by the Board of Directors for			
Special purposes		1,727,718	1,938,634
Funds functioning as endowment		11,055	11,055
Undesignated, available for general activities		4,429,805	4,008,837
Total current unrestricted fund balances		6,168,578	5,958,526
Restricted		1,052,731	791,142
Endowment funds		1,453,355	1,357,827
Land, building and equipment fund		1,005,001	897,685
Total fund balances		<u>9,679,665</u>	<u>9,005,180</u>
		<u>\$10,034,101</u>	<u>9,521,414</u>

See accompanying notes to combined financial statements

AUDITORS' REPORT

The Board of Directors
National Society to Prevent Blindness

We have examined the combined balance sheet of National Society to Prevent Blindness and affiliates as of March 31, 1983 and the related combined statements of support, revenue, expenses and changes in fund balances and of functional expenses for the year then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances. We did not examine the financial statements of certain affiliates, which statements reflect total assets constituting 43% and public support and revenue constituting 35% of the related combined totals. These statements were examined by other auditors whose reports thereon have been furnished to us and our opinion expressed herein, insofar as it relates to amounts included for these affiliates, is based solely upon the reports of the other auditors.

In our opinion, based upon our examination and the reports of other auditors, the aforementioned combined financial statements present fairly the financial position of National Society to Prevent Blindness and affiliates at March 31, 1983 and the results of their operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Combined Statement of Support, Revenue, Expenses and Changes in Fund Balances

Year ended March 31, 1983
with comparative totals for 1982

	Current funds		Endowment funds	Land, building and equipment fund	Total all funds	
	Unrestricted	Restricted			1983	1982
Public support and revenue:						
Public support:						
Received directly						
Contributions	\$ 2,485,786	657,906	—	115,449	3,259,141	3,093,014
Legacies	1,088,943	47,801	95,528	—	1,232,272	1,866,284
Special events (net of direct costs of \$241,624 in 1983 and \$205,815 in 1982)	1,048,809	—	—	—	1,048,809	1,126,575
Received indirectly — combined service campaigns	341,617	—	—	—	341,617	382,293
Total public support	4,965,155	705,707	95,528	115,449	5,881,839	6,468,166
Fees and grants from governmental agencies	—	171,485	—	—	171,485	152,397
Other revenue:						
Income from trusts held by others	218,850	—	—	—	218,850	180,721
Investment income	852,812	24,709	—	—	877,521	940,555
Program service revenue	218,273	2,421	—	—	220,694	140,590
Net gain on sale of investments	—	—	—	—	—	27,999
Net loss on sale of equipment	—	—	—	(377)	(377)	(3,069)
Total other revenue	1,289,935	27,130	—	(377)	1,316,688	1,286,796
Total public support and revenue	6,255,090	904,322	95,528	115,072	7,370,012	7,907,359
Expenses:						
Program services:						
Research	366,367	67,150	—	1,948	435,465	435,646
Public health education	1,533,639	75,611	—	35,772	1,645,022	1,566,896
Professional education and training	1,059,389	13,192	—	5,464	1,078,045	1,021,879
Community services	1,155,662	423,400	—	61,118	1,640,180	1,342,630
Total program services	4,115,057	579,353	—	104,302	4,798,712	4,367,051
Supporting services:						
General and administrative	563,017	7,774	—	17,167	587,958	386,355
Fund raising (including \$31,777 in 1983 related to planned giving program —)	1,239,848	64,561	—	4,448	1,308,857	1,293,014
Total supporting services	1,802,865	72,335	—	21,615	1,896,815	1,679,369
Total expenses	5,917,922	651,688	—	125,917	6,695,527	6,046,420
Excess (deficiency) of public support and revenue over expenses	337,168	252,634	95,528	(10,845)		
Other changes in fund balances:						
Property and equipment acquisitions from current funds	(78,590)	(59,573)	—	138,163		
Reclassifications and other transfers	(48,526)	68,528	—	(20,002)		
Fund balances at beginning of year	5,958,526	791,142	1,357,827	897,685		
Fund balances at end of year	\$6,168,578	1,052,731	1,453,355	1,005,001		

See accompanying notes to combined financial statements.

Combined Statement of Functional Expenses

Year ended March 31, 1983
with comparative totals for 1982

Line	Program services				
	Research	Public health education	Professional education and training	Community services	Total
1 Salaries	\$ 152,347	798,041	560,369	903,100	2,413,857
2 Employee benefits	11,947	66,668	45,903	67,381	191,899
3 Payroll taxes	11,802	62,936	42,331	70,902	187,971
4 Total salaries and related expenses	176,096	927,645	648,603	1,041,383	2,793,727
5 Outside services	1,429	—	262	1,747	3,438
6 Awards and grants	210,743	2,530	308	34,491	248,072
7 Building occupancy	16,412	93,221	34,127	88,899	232,659
8 Telephone and telegraph	2,494	52,382	14,623	60,186	129,685
9 Office supplies	7,605	45,276	18,045	58,217	129,143
10 Office equipment maintenance	1,050	18,587	3,514	16,044	39,195
11 Printing and publications	2,334	188,482	42,994	46,558	280,368
12 Postage and shipping	1,847	106,898	18,159	48,286	175,190
13 Visual aids, films, etc.	—	95,930	7,549	43,724	147,203
14 Travel and meetings	13,021	41,016	247,434	82,612	384,083
15 Professional fees	—	20,149	18,528	21,269	59,946
16 Purchase of mailing lists	—	1,588	124	428	2,140
17 Insurance	—	7,946	675	12,995	21,616
18 Other	486	7,600	17,636	22,223	47,945
19 Total expenses before depreciation	433,517	1,609,250	1,072,581	1,579,062	4,694,410
20 Depreciation of building and equipment	1,948	35,772	5,464	61,118	104,302
21 Total expenses	\$ 435,465	1,645,022	1,078,045	1,640,180	4,798,712

See accompanying notes to combined financial statements.

Notes to Combined Financial Statements

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Society and its affiliates are not-for-profit organizations exempt from U.S. Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and have been designated as organizations which are not private foundations.

The combined financial statements include the National Society to Prevent Blindness and its 26 affiliates. All material transactions and balances between the National Society and its affiliates have been eliminated.

The accompanying combined financial statements have been prepared in conformity with the industry audit guide entitled *Audits of Voluntary Health and Welfare Organizations* published by the American Institute of Certified Public Accountants. The significant accounting policies followed by the Society, and its affiliates, which are set forth in the audit guide, are described below.

Accrual Basis

The combined financial statements have been prepared on the accrual basis of accounting, and accordingly reflect all significant receivables and payables, other liabilities and prepaid expenses.

Fund Accounting

In order to ensure observance of limitations and restrictions placed on the use of available resources, the accounts are maintained in accordance with the principles of fund accounting. This is the procedure by which resources for various purposes are classified, for accounting and reporting purposes, into funds that are unrestricted or restricted. Externally restricted funds may only be utilized in accordance with the purposes established by the source of such funds and are in contrast with unrestricted funds, which include designated and undesignated funds and amounts invested in land, building and equipment, over which the Board of Directors retains full control to use in achieving any of the Society's purposes.

Endowment funds are subject to the restrictions of gift instruments requiring in perpetuity that the principal be invested and that the income only be utilized.

All gains and losses arising from the sale, collection, or other disposition of investments and other noncash assets are accounted for in the fund which owned such assets. Ordinary income derived from investments, receivables, and the like, is accounted for in the fund owning such assets, except for income derived from investments of endowment funds, which income is accounted for in the fund to which it is restricted or, if unrestricted, as revenue in the current unrestricted fund.

Supporting services

Line	Supporting services		Total	
	General and administrative	Fund raising	Total	
1	273,220	430,168	703,388	3,117,245
2	18,140	47,734	65,874	257,773
3	16,712	31,648	48,360	236,331
4	308,072	509,550	817,622	3,611,349
5	42,685	8,166	50,851	54,289
6	398	9,115	9,513	257,585
7	38,738	29,743	68,481	301,140
8	3,867	7,562	11,429	141,114
9	16,243	26,166	42,409	171,552
10	19,633	4,418	24,051	63,246
11	13,209	359,468	372,677	653,045
12	12,377	195,722	208,099	383,289
13	677	1,515	2,192	149,395
14	17,319	53,935	71,254	455,337
15	67,978	32,986	100,964	160,910
16	493	54,394	54,887	57,027
17	21,070	2,244	23,314	44,930
18	8,032	9,425	17,457	65,402
19	570,791	1,304,409	1,875,200	6,569,610
20	17,167	4,448	21,615	125,917
21	587,958	1,308,857	1,896,815	6,695,527

All other unrestricted revenue is accounted for in the current unrestricted fund. Restricted gifts, grants and endowment income are accounted for in the appropriate restricted funds.

Investments

Investments are recorded at cost or fair value at date of receipt in the case of gifts or legacies.

Legacies and Trusts

The Society and its affiliates are the beneficiaries under various wills, the total realizable amount of which is not presently determinable. Such amounts are recorded when clear title is established and the proceeds are clearly measurable.

Since it is not practicable to estimate the amount of legacies that will become available to the Society in any year, the Society's expense budget each year is prepared on the basis of the prior year's unrestricted public support and revenue excluding legacies to the extent that they exceed the previous four years' average.

The Society and its affiliates are the income beneficiaries under various trusts, the principals of which are not controlled by the Society, and accordingly are not reflected in the accompanying

combined financial statements. Distributions from these trusts are recorded as unrestricted revenue when received.

Other significant accounting policies are set forth in the financial statements and the following notes.

(2) LAND, BUILDING AND EQUIPMENT AND DEPRECIATION

Land, building and equipment are recorded at cost or fair value at date of receipt in the case of gifts or legacies. Depreciation of building and equipment is provided on a straight-line basis over the estimated useful lives of the assets. At March 31, 1983 and 1982, the recorded values of such assets were as follows:

	1983	1982
Land	\$ 115,402	115,402
Building	519,232	557,030
Equipment	882,741	638,195
	1,517,375	1,310,627
Less accumulated depreciation	512,374	386,457
	<u>\$1,005,001</u>	<u>924,170</u>

(3) PENSION PLANS

The Society has contributory annuity pension plans covering all employees including employees of the independent and controlled state affiliates who meet the minimum age requirement. Total pension expense under the plans was \$85,000 and \$80,000 for the years ended March 31, 1983 and 1982, respectively. There are no unfunded prior service costs.

(4) LEASE COMMITMENTS

The Society and its affiliates occupy certain operating facilities under various lease arrangements. Total building occupancy expense under such arrangements was \$301,140 and \$266,535 for the years ended March 31, 1983 and 1982, respectively.

A summary of noncancellable long-term lease commitments follows:

Year ending March 31	Amount
1984	\$ 135,243
1985	97,681
1986	94,362
1987	87,760
1988	<u>24,373</u>

All leases expire prior to 1988. Real estate taxes, electricity, water and maintenance expenses are obligations of the Society. It is expected that in the normal course of business, leases that expire will be renewed or replaced by leases on other properties; thus, it is anticipated that future minimum building occupancy costs will not be less than the amounts shown for 1983.

The National Society is supported entirely by contributions, memorial gifts, bequests and legacies.

We gratefully acknowledge this support which makes possible the programs described in the Report.

Besides the thousands of individuals who donate so generously, the Society is supported by foundations, corporations, and other organizations which include:

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The Society's record of careful management insures the enduring usefulness of funds entrusted to its care. You can assure the Society of continued financial support by using the following bequest form:

I give and bequeath to the National Society to Prevent Blindness, a corporation organized under the laws of the State of New York, the sum of \$ _____ for its corporate purposes.

Like all other gifts to the Society, bequests by will of money, securities, a house, other real or personal property, the residue of an estate, or any part of it are, of course, tax deductible. Before a donor makes a gift of substance he should consult his lawyer. You may also write to the Society.



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National Society to Prevent Blindness



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